

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000070043

1. Corporation Name

K.D.K. CORPORATION

Principal Place of Business

227 SE 30 TERRACE  
CAPE CORAL FL 33904

Mailing Address

227 SE 30 TERRACE  
CAPE CORAL FL 33904

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/2000

5. FEI Number

32-5467838

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KUDLA, FRANK	227 SE 30 TERRACE	CAPE CORAL FL 33904
D	KUDLA, DEBORAH	227 SE 30 TERRACE	CAPE CORAL FL 33904

400024024574  
10/22/03--01069--003 \*\*150.00

8. Name and Address of Current Registered Agent

KUDLA, FRANK  
227 SE 30 TERRACE  
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Deborah L. Kudla* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

*Sept 00 03*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Deborah L. Kudla* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
*Sept 00 03*

Daytime Phone #  
*239-790-2005*

CR20040 (7/03)

To whom it may concern ~

K.D.K. Corporation did not  
receive the UBR notices.

Thank you ~

Deborah L. Ludla  
OFFICER